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CONFIRMATION NO. 1761

SERIAL NUMBER 09/839,424	FILING DATE 04/20/2001 RULE	CLASS 514	GROUP ART UNIT 1625	ATTORNEY DOCKET NO. 3364/1 (PHA 4176)
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APPLICANTS

David L. Brown, Chesterfield, MO;

Matthew J. Graneto, Chesterfield, MO;

Cindy L. Ludwig, St. Louis, MO; John J. Talley, St. Louis, MO;

** CONTINUING DATA *****

This appln claims benefit of 60/199,533 04/25/2000
 and claims benefit of 60/253,380 11/27/2000

 ** FOREIGN APPLICATIONS ***** *NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/20/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MO	SHEETS DRAWING 0	TOTAL CLAIMS 113	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

Pharmacia Corporation
 Corporate Patent Department
 P.O. Box 5110
 Chicago, IL
 60680-9889

TITLE

2-Fluorobenzenesulfonyl compounds for the treatment of inflammation

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
RECEIVED	No. _____ for following:	<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)

2514

☐ Other _____

☐ Credit



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<p>APPLICANTS</p> <p>David L. Brown, Chesterfield, MO; Matthew J. Graneto, Chesterfield, MO; Cindy L. Ludwig, St. Louis, MO; John J. Talley, St. Louis, MO; <i>10/12/2007</i></p> <p><i>MIT's and ...</i></p> <p>* CONTINUING DATA ***** This appln claims benefit of 60/199,533 04/25/2000 and claims benefit of 60/253,380 11/27/2000</p> <p>* FOREIGN APPLICATIONS *****</p> <p>F REQUIRED, FOREIGN FILING LICENSE GRANTED * 08/20/2001</p>					
oreign Priority claimed 5 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MO	SHEETS DRAWING 0	TOTAL CLAIMS 113	INDEPENDENT CLAIMS 2

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		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit